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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739188** **(1)**

1. Corporation Name
ORGARLAN WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
[illegible]	1663 CHRISTOPHER STREET

3. Date Incorporated or Qualified: 05/31/1977

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KING, FRANCES W. 1663 CHRISTOPHER STREET WINTER GARDEN FL 32787	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JOYCE A		1.2 NAME		
STREET ADDRESS	5177 LEATHA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	H	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, CAROL(HISTORIAN)		2.2 NAME		
STREET ADDRESS	175 LINCOLN TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, FERNDALE		3.2 NAME		
STREET ADDRESS	4701 DONOVAN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, FRANCES		4.2 NAME		
STREET ADDRESS	1663 CHRISTOPHER		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 00000		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANCASTER, LILLIAN		5.2 NAME		
STREET ADDRESS	5043 PUEBLO ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, JANICE A		6.2 NAME		
STREET ADDRESS	5706 STONERIDGE CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] Frances W. King 4-1-98 (407)656-2811